



**DEPARTMENT OF CORRECTIONS
POLICIES AND PROCEDURES**

Policy No.: DOC 4.5.35	Subject: CHEMICAL TREATMENT OF SEX OFFENDERS
Chapter 4: Facility/Program Services	Page 1 of 4
Section 5: Health Care	Revision Date:
Signature: /s/ Rick Day, Director 2/17/99	Effective Date: April 1, 1999

I. POLICY:

It is the policy of the Montana Department of Corrections to offer chemical treatment of sex offenders to individuals identified by a medical provider as likely to respond to this treatment.

II. AUTHORITY:

53-1-203, MCA. Powers and duties of the Department of Corrections

45-5-512, MCA. Chemical treatment of sex offenders

III. DEFINITIONS:

Chemical Treatment: Any medication determined effective in reducing precedent factors of overt sexual behavior by its continued administration. A current example is medroxyprogesterone, also known as hormonal treatment.

Community monitoring: Community Probation and Parole, and the medical provider involved in the sex offender's community placement. This includes participation by clinicians providing sex offender treatment in the community.

Effective treatment: A course of hormonal/chemical treatment that provides a reduction in precedent factors and has maintained this effect for a sufficient period of time to demonstrate its continued effect on the sex offender. (This period usually requires 60-90 days of observation, and must have been documented by clinical assessment and notation in the offender's medical record.)

Failure to comply: A delay by an offender in obtaining hormonal/chemical treatment at an interval greater than 7 days from date of last dose of medication.

Informed Consent: An offender's voluntary, rational, and informed acceptance of a medical procedure or treatment after understanding and weighing the possible benefits and risks.

Medical provider: An individual licensed in the State of Montana to evaluate, diagnose and recommend medical treatment to offenders.

Medroxyprogesterone: A medication usually given in a long acting form, counters some of the effects of testosterone, the hormone produced in the body, and is a major factor in producing sex drive.

Precedent factors :

1. **Sex Drive:** The innate libidinal desire within an individual that results in a desire for sex. This may be excessive and obsessive in sex offenders.
2. **Sexual fantasies:** Obsessive thoughts, ruminations or preoccupations of a sexual nature, usually present prior to overt sexual behavior.

Sex Offender: An offender convicted under MCA, 45-5-502(3), 45-5-503(3) or 45-5-507(4) or so identified by the sentencing court.

Sex Offender Treatment Team: The department medical director, two sex offender treatment staff/counselors, one of which must be the sex offender program manager.

Voluntary Treatment: The offender's right to accept or refuse medical treatment.

IV. PROCEDURES:

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1. First time sex offenders may request consideration for voluntary hormonal/chemical treatment. The request must be accompanied by a recommendation from Sex Offender Treatment Team that such treatment may be helpful and attest that the sex offender is successfully involved in sex offender treatment.

2. After the medical provider gives the offender sufficient information for an informed consent the offender will sign that he understands and accepts the potential risks involved in hormonal/chemical treatment. The offender then must participate with hormonal/chemical treatment for a time determined adequate and sufficient by a medical provider and sex offender treatment team to identify the successful reduction of precedent factors.

3. An offender must contract with the Board of Pardons and Parole prior to release that if the offender is granted parole he will continue treatment until such time that the Department of Corrections determines the treatment is no longer necessary or when the medical provider determines there is medical justification to cease treatment. Failure to comply with the dosing schedule and appropriate follow-up may result in a criminal contempt of court charge and or parole revocation.

4. Sex offenders who have received a second conviction may be sentenced to undergo hormonal/chemical therapy. Community standards of practice mandate informed consent must prevail before any treatment is rendered. No medical provider may be compelled to administer hormone treatment to an offender.

5. It is the responsibility of the sex offender to arrange for a community medical provider to provide continued hormonal/chemical treatment and the offender is financially responsible for this treatment and any complication that may arise from such hormonal treatment. All other department policies or rules regarding offender medical treatment apply to offenders receiving hormonal/chemical therapy under this policy.

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V. CLOSING:

Questions concerning this policy shall be directed to the Department of Corrections Medical Director.